

Foster Family Home - Corrective Action Report

Provider ID: 1-180021

Home Name: Mary Ann Tungpalan Corpuz,
CNA

Review ID: 1-180021-3

74 A Walker Avenue

Reviewer: Lisa Johnson

Wahiawa HI 96786

Begin Date: 5/8/2019

Foster Family Home Required Certificate

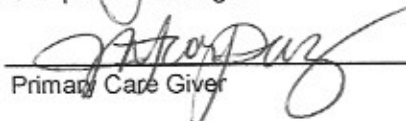
[11-800-6]

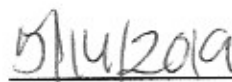
6.(d)(1) Comply with all applicable requirements in this chapter; and

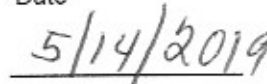
Comment:

6.(d)(1) Home inspection for a 2 person CCFFH recertification made on 5/14/19.
Home is in compliance with all requirements.


Compliance Manager


Primary Care Giver


Date


Date